

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-043558

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 3 1962

## 1. PLACE OF DEATH

a. COUNTY

Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Rural

Length of stay in 1b

c. CITY  
OR  
TOWN RuralInside Limits  
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Neosho R # 2Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
Neosho R #2Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
William E. Freer4. DATE OF DEATH Month Day Year  
November 28, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6/17/'249. AGE (last birthday)  
38IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during last 12 months, or if retired)

Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY  
Freer Const, Co11. BIRTHPLACE (City and state or country)  
Parsons Kansas12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Vic Freer

## 13b. MOTHER'S MAIDEN NAME

Ethel Cuddy

## 14. NAME OF HUSBAND OR WIFE

Helen Freer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes Korean

## 17. INFORMANT

Address

Helen Freer, Neosho Mo. R#2

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Self inflicted gun shot wound

INTERVAL BETWEEN  
ONSET AND DEATH  
immediateConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shot self in right temple area with a

20c. TIME OF  
INJURY  
11 PMHour Month, Day, Year  
a.m. 11/28/62  
p.m.

410 Gauge shot gun.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
Home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Newton County Missouri

21. I attended the deceased from  
Death occurred at

did not attend

to and last saw her  
him alive on  
m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Coroner

## 22b. ADDRESS

Neosho Missouri

## 22c. DATE SIGNED

11/29/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

## 23b. DATE

12-1-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Carterville Cemetery

## 23d. LOCATION (City, town, or county)

Joplin Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Thornhill-Dillon Mortuary  
Joplin, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-30-62

## 26. REGISTRAR'S SIGNATURE

Raydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59b730  
20730

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1962

DEC 5

DEC 13 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*J. Kenneth Davies*

Licensed Embalmer No. 3799

P. O. Address Neosho Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.